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VS A15 (4) 15M 9/55

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BUREAU V.

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08460 08473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	_	-	~	

				Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Dorchester	ARYLAND	2. USUAL RESIDENCE (V	Vhere deceased lived. If instituted b. COUN		
b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF S Ahodesdale 2 month		T .	outside corporete limits, write Butler	e RURAL and g	ive nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ac	ddress)	d. STREET ADDRESS R.F.D.	#1, Box 240½		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle (Type or print) Leola	•	Clark	4. DATE Mor OF DEATH Augu		Day Year 1 19 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI Female Negro WIDOWED T DIVORCE		DATE OF BIRTH June 10, 190	9. AGE In years last birthday)	IF UNDER 1Y	
10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS during most of working life, even if refired) Day Laborer Farm	-	11. BIRTHPLACE (Slote		12. CITIZE	N OF WHAT COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY Unknown		FORMANT	, Lake Butler		da, RFD #1
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)) ea	lemo			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	21	hydro	ephalus		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	EATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION G	VEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	CURRED. (En	ter nature of injury in Port	l ar Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of twork to the other of the control of the other of two the other	foctor	E OF INJURY (Home, form ry, street, affice bldg., elc.		(Count)	(Stote)
21. I certify that I taak charge of the remains descride the resulted fram: Natural causes X, Accident					, and find that
ACTUAL SIGNATURE SIGNATURE	- El	M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S John Mace, Jr., M.D.		DEPUTY MEDICAL E			9/1/57
Durtar	utler (Cemetery	22d, LOCATION (City, town, Lake Butler	of founty)	la (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federal Sour	g, Mar	yland 240. REC'I	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNA	ATURE ()

MARYLAND STATE DEPARTMENT OF HEALTH-BALTI NORE, 16

TO DESCRIPTION OF THE PARTY OF

THE AREA SERVICE OF THE STATE OF THE SERVICE OF THE

BUREAU V. S.
SEP & 1050

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Dorchester Maryland o. STATE b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Williamsburg .Md. Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS State Highway 306 Henry St., 3. NAME OF Middle D Month DECEASED Ralph Lester Aug.10,1957 Cooke (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR last buthyay) Male White Dec. 27.1930 WIDOWED T DIVORCED T ö 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Cambridge 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lester L. Cooke Amelia Dodson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Selective Serv. 1950-53 Mrs. Amelia Dodson Cooke, 306 Menry St., Cambridge 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Intracranial IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which Mubtiple Fractures of scull gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY LA CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Auto overturned 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20f. (City or town) factory, street, office bldg., etc.) While Nr. Hurlock at wark at wark Highway 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause MEDICAL ACTUAL SIGNATURE DEPUTY NAME (Type) Dr. John mace Jr. DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 5 Greenlawn Cemetery Cambridge, Md. 0 23. FUNERAL DIRECTOR'S SIGNAPORE/ 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dis. N

e. IS RESIDENCE ON A FARM?

YES NO PA

Year

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

nstant

PERFORMED? NO A

DATE SIGNED

(State)

(State)

Md.

U.S.

(County)

Dor.

BUREAU V. S.

AUG 14 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

Travers Courts Cambridge Md. Travers Courts Cambridge Md. Travers Courts Cambridge Md. Yes Yes Tockase Yes		455					Keg, Dist. 14	0.
DOTCHESTEY CO MANYLAND Letty or NOWN II contains terreprote limit, write BURAL and prive sevent home) Cambridge Md. 2 Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Travers Courts Cambridge Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give street address) Travers Courts Cambridge Md. d. STREET ADDRESS Female White Whow III and II	I PLACE OF DEATH	4-0-0			Where decea	sed lived. If Institut	tion: Residence be	efore admission)
Cambridge Md. Cambridge Md		rchester Co	MARYLAND	a. STATE Md.		b. COUNTY	Dorche	ster Co.
Cambridge Md. 2 Yrs	b. CITY OR TOWN (IF	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	Foutside cor	porate limits, write	RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Travers Courts Cambridge Md. Travers Courts Cam			2 Yrs	13 Cambri	dge Mo	1.		
Travers Courts Cambridge Md. Travers Courts Cambridge Md. VES PROPERTY PROPERT				d. STREET ADDRESS			0.4716	e. IS RESIDENCE
DECASED (Type or print) Mildred Bradley Ewell DEATH Aug., 3, 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (to print) In INTERPRETATION (Selected of work of the print) Months Days Mours Days Mours Months Days Mours Days Da	Travers (Courts Cambrid	ge Md.	/ Travers C	courts	Cambridg	e Md.	YES NO D
S. SEX A. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year) IFUNDER YEAR IF JUNDER YEAR IF JUNDER YEAR	DECEASED				OF			Year 1957
Part Cause of Death Enter only one cause per line for (a), (b), and (c), Part Cause (c), stating the underlying (c), stating the und	S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years		
Sedretary Phillips Packing Co. Cambridge Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Mary Sellaway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ten. no. or uninform) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c). 19. WAS DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying OUE TO 19. WAS DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying OUE TO (c) 19. WAS DUE TO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORIZED (CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORIZED (CONTRIBUTIONS CONTRIBUTIONS CONTRIB	Female	White WIDO	WED DIVORCED T	uly 8, 190K		20	Months Days	Hours Min.
Sedretary Phillips Packing Co. Cambridge Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Sellaway 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ten. no. or unknown) [If yea, give wer or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	100. USUAL OCCUPATIO	ON (Give kind of work done 10	6. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign	country)	12. CITIZEN C	F WHAT COUNTR
13. FATHER'S NAME Jessie M. Bradley 15. WAS DECEASED EVER IN U. S. ARMED PORCES? IT. S. SOCIAL SECURITY NO. IT. INFORMANT Address If you give war or debas of service) NO 16. SOCIAL SECURITY NO. IT. INFORMANT Address The second Bradley Cambridge Md. Interval services ONE TO Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse fail. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTHORS (c) PART III. OTHER SIGNIFICANT CONTRIBUTION OF TH							IISA	
15. WAS DECRASED EVER IN U. S. ARMED FÖRES? (14, so, or unknown) [If yet, give war or dates of sarrice) 211;=07=8323 Emerson Bradley Cambridge Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (b) HEAT STRONG Bradley Cambridge Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (b) HEAT STRONG Bradley Cambridge Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (b) HEAT STRONG Bradley Cambridge Md. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING COURSE (c), stating the underlying course last. 20a. EXTERNAL CAUSE WAS PRIMARY Disc CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Disc CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (INJURY (Home, farm, 20f			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN				, 0.521	The state of
15. WAS DECRASED EVER IN U. S. ARMED FÖRES? (16. SOCIAL SECURITY NO. 17. INFORMANT	Jessie	M. Bradlev		Marv	Sell	awav		
NO 211-07-8323 Emerson Bradley Cambridge Md. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: HEAT STROKE 93/.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying (b) couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING OUT OF PRINTING OF CONTRIBUTING DUE TO Could be to be a state of the country of the coun	15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. W					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the underlying (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING 1	Control of the second		211-07-8323 Em	erson Bradle	Tr	Cambrid	ge Md.	
20a. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) In yard at home, while sunbathing 20c. TIME OF INJURY Month, Doy, Year Hour a. m., 2 p. m. 8=3-57 19 at work at work at work in yard at home Cambridge Dorchester 21. I certify that I took charge of the remains described above, held an Autopsy M. Inspection, Inquiry, and fine death resulted fram: Natural couses, Accident M.D. CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE Of INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of in yard at home Cambridge Dorchester) ACTUAL SIGNATURE OF INJURY (Home, farm. 20f. (City or town) (County) (State of injury III) (County) (County) (County) (State of injury III) (County) (County) (County) (State of injury III) (County) (Cou	PART 1. DEAT 93/.0 Conditions, if ar gave rise to immed (a), stating the	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ny, which (b) diate cause underlying DUE TO	HEAT S	STROK	€		ONS	ET AND DEATH
20c. TIME OF INJURY Month, Day, Year Hour a.m. While Not while at work	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY
20c. TIME OF INJURY Month, Day, Year Hour a. m. 3 p. m. 8=3-57 19 at work deoth resulted fram: Natural couses . Accident . Suicide . Homicide . Undetermined couse . ACTUAL SIGNATURE . A	EV.							
21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond fine death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause . ACTUAL SIGNATURE . M.D. CHIEF MEDICAL EXAMINER . BATE SIGNATURE . ASSISTANT MEDICAL EXAMINER . BASE SIGNATURE . ASSISTANT MEDICAL EXAMINER . BASE SIGNATURE . SIGNATURE . ASSISTANT MEDICAL EXAMINER . BASE SIGNATURE . SIG						af item 18.)		
deoth resulted fram: Natural couses , Accident , Suicide , Homicide , Undetermined couse . ACTUAL SIGNATURE ACCIDENT		8=3-57 19 W	/hile Not while factor	vard at hom	e Ca	mbridge		(Stote)
ACTUAL SIGNATURE OLIFICA R. Maryanor M.D. CHIEF MEDICAL EXAMINER B/5/5	21. 1 certify th	ot I took charge of th	e remoins described obo	ve, held on Autops	y . 1	nspection,	Inquiry [, ond find the
SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 8/5/5	deoth resulted	fram: Natural couses	Accident . Sui	cide 🔲, Homicide	≘ [], U	ndetermined c	ouse .	
EVAMINED'S AU O		alfred R.	maryanos	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
[23]	EXAMINER'S A	LFRED R.	MARYANOV	ASSISTANT MEDIC			8,	15/57
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)	220. BURIAL CREMATIO	N, 22b. DATE THEREOF		CREMATORY	22d. LOCA	TION (City, town, o	or county)	(Stote)
Burial Aug. 5. 1957 Dorche ster Mem. Park Cambridge Md.		Aug. 5, 1957	Dorche ster M	lem. Park	Camb	ridge Md.		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		S SIGNATURE					TRAR'S SIGNATU	RE
LeCompte Funeral Service Cambridge Md. DATE 8/6/57 7 Pla Mac	LeCompte Fr	uneral Service	Cambridge Md	DATE	8/6/	50 74	Ry	mace.

BUREAU V. S.

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	MAKILAND STATE DEPAKT	MENT OF HEALTH—BALTIMORE, 18	4040A
	08475 CERTIFIC	CATE OF DEATH Reg. Dist. N	o.
	PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence be o. STATE b. COUNTY Queen	A
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 1 mo. 25 das		earest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Eastern Shore State Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) ELIAS PERRY	FRENCH 4. DATE Month OF DEATH August 5	Yeor 1957
	SEX 6. COLOR OR RACE 7. MARRIED NEV R MARRIED WIDOWED DIVORCED	1875 JUNE 30 82 yrs. Months Days	Hours Min.
E	DISUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REFIRED FATHER'S NAME Hologogy Tohn B FREAK	14. MOTHER'S MAIDEN NAME	OF WHAT COUNTRY?
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INTRES STAIR	al
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Failure	lot	TERVAL BETWEEN
i	Continous, if diff, winds 1	vascular Disease	
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO General Arteria	osclerosis	
CERTIFICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 3
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL		PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County factory, street, office bldg., etc.)	(Stote)
	21. I certify that I attended the deceased from My alive an My 1257, and that deal actual act	1/ 1/060	saw the deceased ote stoted above. DATE SIGNED

Ettore DeFilippis Dr.

22b. DATE THEREOF

PREDMOUNT CEMATORY

22d. LQCATION (City, town, or county)

(State)

220. BURIAL, EREMATION, BEMOVAL (Specify)

PHYSICIAN'S NAME (Type)_

ADDRESS

24a. RECID BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 sh. Le detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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he funeral director, should be filed with hos been signed by the attending physician and completely filled Poges 1 within 72 hours ofter be detached for use

requires that the death certificate be executed within 24 haurs after death. Page 4

IO MOSTITAL	moy be retou	TO FUNERAL	page 3 sha	the registror
1	SN	A15	55)

HOLLOWAY & COMPANY FUNERAL HOME

00410	CERTIFICA	AIE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH OYCHES	ter MARYLAND	O. STATE Marzy	e deceased lived. If institution, Reside	comico. 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	29 days.	e. CITY OR TOWN (HEGU	us burg Me	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Eastern Shore Star	te Hospital	d. STREET ADDRESS In Villa	age	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOSEPH 11/1/04/1	Middle ERNEST	Gordy.	4. DATE Month OF DEATH Augus	Day Year 1957.
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	ED DIVORCED D	B. DATE OF BIRTH Aug. 19-/ B/ B/B	9. AGE (In years IF UNDE lost birthday) Manths 75. yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) **Ret	kind of Business or Indu-	7-7//	r foreign country) 12. C	LC. S. A.
13. FATHER'S NAME JOSEPH P.V.	Gordy	14. MOTHER'S MAIDEN NA	oknown.	nard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NO		Records E	ille Gordy (30m)217 astern Shore S	Derby Rd tale Hospila(
1B. CAUSE OF DEATH [Enter only one cause per list PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (0), (b), and (c).) Puli	monia	·	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which) (b)	eneralize	ed arteri	orclerosis	several
gove rise to immediate cause (a), stating the <u>under-lying cause last.</u>	with	heart a	Liseane.	yeurs.
PART II. OTHER SIGNIFICANT CONDITIONS C	- 0/	not related to the termin	ALDISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 White of world worl	Not while for	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I oftended the decease alive on aug. 9 . 19.		11 , 19 5 7, to Co	M, from the couses and on	last saw the deceased
ACTUAL SIMON VI	neuty		DDRESS (Street, city or town, state)	Horbital
PHYSICIAN'S Simon Vi	rkutis,	lastern Shore	State Hospital	Aug. 9, 1957
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	
Eurial Aug. 15, 1957 23. FUNERAL DIRECTOR'S SIGNATURE	Parsonsburg		Parsonsburg Mar	

SALISBURY, MD.

24s. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 FilmG219 8-12-57 et CERTIFICATE OF DEATH

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08457

Reg. Dist. No.

					0							
1. PLACE OF DEATH o. COUNTY	Dorcheste	r	MA	RYLAND	2. USUAL RESIL	DENCE (Who	ere decease	d lived. If institution b. COUNTY				on)
b. CITY OR TOWN (RURAL and give n	lf outside corporate limi	ts, write	c. LENGTH OF STA			town (If a		rate limits, write f	RURAL ond	give near	rest town)
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, g				d. STREET A	DDRESS 12 Gèe	enburn	Ave.		•		DENCE FARM? NO 2
3. NAME OF DECEASED (Type or print)	Albe		Britti		n Gunl		4. DATE OF DEATH	August 1	,1957	Doy		reor
5. sex Female	6. COLOR OR RACE White	7. MARRII		CED	B. DATE OF BIRTI			9. AGE (In years lost highday) 80 yrs.	Months	Doys	Hours	R 24 HRS. Min.
duning most of wor	ON (Give kind of work king life, even if retired	done 10b K	IND OF BUSINESS	OR INDU	1	ACE (Stote o	-		12. CI	U.S		COUNTRY
13. FATHER'S NAME	Albert J.	Britt	ingham		14. MOTHER'S Eliza	MAIDEN N		n				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY N		NFORMANT EV.Dr.Wal	lter E	Gunb.	y,112 G1		n Av	e.,0	amb.M
CATIC	mmediate (DUSTO	DITIONS CO	ONTRIBUTING TO D						VEN IN PAI	RT 1(o) 19	PERFO	AUTOPSY RMED? NO
-	MEDICAL EXAMINER) RY Month, Doy, Ye 19	While	JURY OCCURRED Not while of work	20e. PL	ACE OF INJURY (ctory, street, office	Home, farm, e bldg., etc.)	20f. (City	or town)	((County)		(Slote)
21. I certify the alive on	AUG Hultur ALTER	19.5	~ 7	at death	accurred at		ADDRESS (S	n the causes of treet, city or town, C. H.U.	stote)		e state	
220. BURIAL, CREMATIC REMOVAL (Spacify)	August 3		22c. NAME OF CE Evergi		R CREMATORY Cemetery		22d. LOCA Ber	tion (City, town, lin, Mary	or county)		(Slote	-)
23. FUNERAL DIRECTOR	1	rua	ADDRESS (Cambri	dge,Md.	240. REC'D	BY REGIST	/	STRAR'S SI			77.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; Page 4 may be relained by the hospital or attending physician.

TO FUNER. RECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 sheet detached for use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and should be filled with the registrar prior to burial, cremotion, or remayal, and in any event within 72 hours after depth. VS A15 (4) 15M 9/SS

CERTIFICATE OF DEATH

Doll And Balls

A KAMPER TRANSPORTED BRITARY AND TRANSPORTED BRITARY MARKET MARKE

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Waterman 13. FATHER'S NAME Martin O. Horseman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. IT. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO		08458		CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No.		
B. CLITY OR TOWN If coulde exported limit, write RURAL and give necret from) RURAL and give necrets from) G. middle give necret from) G. market of in happiol, give street oddress) G. market of give necret from) Morris F. Horseman G. Alter of sixth G. Alter of sixth G. Morth G.	o. COUNTY	rchester C	0.	MARYL	AND	o. STATE	ere deceased					
G. MONTO FROSTRAL (IF not in hospital, give street address) OR INSTITUTION CAMDOTIQE MG. HOSPITAL THE PROPERTY OF THE STAND CAMDOTIGE MG. HOSPITAL THE STAND CAMDOTIGE MG. ACCIOR RACE THE STAND CAMDOTIGE MG. ACCIOR RACE THE STAND CAMDOTIGE MG. ACCIOR CREACE THE STAND CAMDOTIC CAMDO	b. CITY OR TOWN (I	f outside corporate limi	its, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If o	utside corpor	ote limits, write R				
OR INSTITUTION CAINDHIGH MARKED CANDED TIGHT CANDED TO CAINDHIGH C				1 Week		XO Taylor	s Isla	and Md.				
DECEASED (Type or print) NOTTIS (NOTED Never MARRIED Neve	OR INSTITUTION			address)			ors Is	land			ON A	FARM?
Type or print Morris F. Horseman DEATH Aug. 20, 1957	3. NAME OF	Fi	rst ta	Middle		Lost		Mon	th	Da	y 1	Year
Male White WIOWED DIVORCED MAY 7, 1931 bein birthday) Months Doys Hour Min. 100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country) Waterman 12. CHIZEN OF WHAT COUNTR WATER MAIDEN NAME Martin O, Horseman 13. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 13. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c). PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to immediate course (o), utoling the under DUE TO USA DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 119. WAS AUTOPSY PERFORMEDY TO THE TERMINAL DISEASE CONDITION GIVEN IN PART		Morris	200	F.		Horseman	DEATH	Aug.		2	0, 1	19 57
DIO. USUAL OCCUPATION (Give wind of worked one lobe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) Waterman 13. FATHER'S NAME Martin O, Horseman 15. WAS DECEASEDER IN U. S. ARNED FORES? In SOCIAL SECURITY NO. IV. INFORMANT INFO. SOCIAL SECURITY NO. IV. INFORMANT NO. INFORMANT IR. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INFORMANT PART I. DEATH WAS CAUSED BY. OCCONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IV. SAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IV. SAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IV. SAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) IV. SAS AUTOPSY PERFORMED?	5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	[2]	B. DATE OF BIRTH	1	9. AGE (In years				
Taylors Island Md. USA	Male	White	WIDOWI	DIVORCED		May 7, 1931			Months	Days	Hours	Min.
Waterman Fishing Taylors Island Md. USA	10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTR
Martin O. Horseman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Mrs. Mable E. Horseman Address Mrs. Mable E. Horseman Taylors Island Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), tible one couse per line for (o), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTORY PERFORMED? TYES DEATH WAS LAUSED FOR ATT I (b) DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTORY PERFORMED? TYES DEATH WAS LAUSED FOR ATT I (c) I	a m 1			Fishing	375	Taylors	Island	l Md.		USA		
15. WAS DECEASEDEYER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IV. INFORMANT Mrs. o. or university of user of series of	13. FATHER'S NAME				5	14. MOTHER'S MAIDEN N	IAME				111	
15. WAS DECEASEDEYER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IV. INFORMANT Mrs. o. or university of user of series of	Martin O.	Horseman				Mabl	e E. H	lorseman				
B. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).				SOCIAL SECURITY NO.	17. IN				ress			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE (b) 3 4 3 × DUE TO Conditions, if any, which gave rise to immediate couse (o), stolenged by the c	2.7	in you, give not or concern or			Mr	s. Mable E. H	lorsema	n Taylo	ors T	slan	d Md	
SAME CAUSE (o) Succession	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).]	1	11				INTE	RVAL BE	TWEEN
DUE TO Conditions, if any, which gave rise to immediate couse (o), stofing the under tyring couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN I		TH WAS CAUSED BY:		Carl	1	Vita				ONS	ET AND	DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. CONTRIBUTION CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED while 19 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) 20f. (City or town) (County) 20f. (City or town) 20f. (City or town) (State) 20f. (City or town) 20f.		ne under-										
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of while of work of wo	ATIC								214114170	., .(0)	PERFO	RMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of while of work of wo	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCC	CURREC). (Enter noture of injury in P	ort I or Port	II of item 18.1	-		IES 🖺	ио П
21. I certify that I ottended the deceased from. 21. I certify that I ottended the deceased from. 22. I certify that I ottended the deceased from. 22. I certify that I ottended the deceased from. 22. I certify that I ottended the deceased from. 22. I certify that I ottended the deceased from. 22. I certify that I ottended the deceased from. 23. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 24. I certify that I ottended the deceased from. 25. I certify that I ottended the deceased from. 26. I certify that I ottended the deceased from. 26. I certify that I ottended the deceased from. 26. I certify that I ottended the deceased from. 26. I certify that I ottended the deceased from. 26. I certify that I ottended the deceased from. 27. I certify that I ottended the deceased from. 27. I certify that I ottended the deceased from. 27. I certify that I ottended the deceased from. 28. I certify that I ottended the deceased from. 28. I certify that I ottended the deceased from. 29. I certify that I ottended the deceased from. 29. I certify that I ottended the deceased from. 29. I certify that I ottended the deceased from the causes and on the date stated above the causes of the ca	OR CONTRIBUTING	CAUSE OF DEATH										
21. I certify that I oftended the deceased from Pfl , 19 J7, to B/W, 19 J7, that I last saw the deceased olive on 12 J2, ond that death occurred of J2 J2, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE COUNTY MAND. J3 6 Race J7. PHYSICIAN'S NAME (Type) L3 WY C M C Mary JNOV MLD C J M L J G C M J J J J J J J J J J J J J J J J J J	3 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d II	NIURY OCCURRED 2	Oe. PLA	CF OF INJURY (Home, form	20f (Cib.	or town)		Countril		164m4m1
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olive on 1257, ond that death occurred of 135M, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial AUS. 23, 1957 Brick Churchyard ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	₹ p. m.		at wor	k at work	11.		I N					
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Lawrence Maryanov M.D. 220. BURIAL, CREMATION, REMOVAL (Specify) Burial Age. 23, 1957 Brick Churchyard ADDRESS (Street, city or town, state) ADDRESS (Street, city or	21. I certify th		deceas	ed from	1-11	, 19J_7, to	v-81	20, 191	2, that 1	last sa	w the	decease
ACTUAL SIGNATURE GOUVELLE MARY AND MID CAMBRIDGE MG PHYSICIAN'S NAME (Type) Lawrence Mary and Mid Cambridge Mg 220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL (Specify) BUTIAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE	olive on	5100	, 12_	ond that d	leoth				nd on t	he dat	e state	d abov
PHYSICIAN'S Lawrence Mary and Mill Cambridge Md 220. Burial, Cremation, Removal (Specify) Burial Aug. 23, 1957 Brick Churchyard 23. FUNERAL DIRECTOR'S SIGNATURE PHYSICIAN'S Lawrence Mary and Mills Cambridge Md 240. REC'D By REGISTRAR 240. REGISTRAR'S SIGNATURE		P					ADDRESS (Stre	set, city or town,	state)		PA	TE SIGN
PAME (Type) Law Carlon (City, 10wn, or county) 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. 1957 Brick Churchyard ADDRESS 240. REC'D By REGISTRAR 240. REGISTRAR'S SIGNATURE 240. REC'D By REGISTRAR 240. REGISTRAR'S SIGNATURE	SIGNATURE	Laurene	1	Manyon	W/	A.D	136	Kau	11	,	8	122/
REMOVAL (Specify) Burial Aug. 23, 1957 Brick Churchyard Taylors Island Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		awren	(6	Maryan	OV	MD Can	ubri	dge	N	ld		
Burial Aug. 23, 1957 Brick Churchyard Taylors Island Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR'S SIGNATURE	220. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMET	ERY OF	CREMATORY	22d. LOCATIO	ON (City, town, o	or county)		(Stote	=)
7.00	Burial		1957		rch	yard	Taylo	rs Islar	nd .	Md		
LeCompte Funeral Service Cambridge Md. DATE \$/23/57 John Mece Ju.		,		ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SI	GNATUR	E)
	LeCompte Fu	negal Serv	ice	Cambridge M	ld.	DATE 8/	23/5	7 John	n 7.	nac	ie y	W.

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1961 22 DAY



VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

	0845	9	CERTIFIC	ATE OF D	EATH			Reg. Dist. N	J O 1	00
1. PLACE OF DEAT o. COUNTY	H Dorchester Co	6	MARYLAND	II o. STATE	ENCE (Whe	re deceased lived	If institution.	n: Residence be		
RURAL ond gir	/N (If outside corporate limit ve neorest town) .dge Md.	ts, write	c. LENGTH OF STAY IN 16	1 1		itside corporale lin				
d. NAME OF HO	SPITAL (If not in hospital, o			d. STREET AD					ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Alice		Middle Riffel	Hubbard		4. DATE OF DEATH	Mont lug.	h (Day	Year 19 57
5. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	0.01	9. AG lost		Months Days	R IF UNI	DER 24 HRS.
10a. USUAL OCCUP during most of None	PATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (State a	r foreign country)) / / / /		OF WHA	T COUNTRY
13. FATHER'S NAME Thoma	s M. Riffel			14. MOTHER'S	MAIDEN NA		Lesv			
	EVER IN U. S. ARMED FOR (It yes, give war or dates of s			INFORMANT Dr. Carlis			Addre	ridge RI	en #:	
Conditions, gave rise to couse (o), stat lying couse 1. PART II. 20a. ACCIDENT	OTHER SIGNIFICANT CON	DITIONS C	erebra e erebra e contributing to death BI CENEM CRIBE HOW INJURY OCCUR	ion				is Z	19. WAS	ORMED?
20c. TIME OF IN		20d. If While	Not while	PLACE OF INJURY (H foctory, street, office	ome, farm, bldg., etc.)	20f. (City or tow	rn)	(Caunty)	(State)
	than affended the		ed fram. le 10	th occurred at	-	M, from the DDRESS (Street, ci	causes a		ate stat	
200. BURIAL, CREMA REMOVAL (Spe Burial	Aug. 18.	F 1957	2c. NAME OF CEMETERY Barretts Char			22d. LOCATION (C		caunty)	(Sta	ite)
23. FUNERAL DIRECT	tors signature Funeral Servi	.ce	ADDRESS Cambridge Md			BY REGISTRAR		TRAR'S SIGNATURE	IRE	H.

			Rouge of the Co.
		Control North	
BUREAU			
BUREAU			The state of the s

If any delay is necessary, please exe-he funeral director. Page 4 should be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08471

084	61 MEI	DICAL Items	EXAMINE 1,2,8 F11	m		CATE C	OF D	EATH	Reg. [oist. No		
PLACE OF DEATH					2. USUAL RESIDE	NCE (Where d	eceased			lence bel	fore odmi	ission)
Dor	chester Co	0.	MARYI	LAND	o. STATE	Md.		b. COUNT	Do	rch	este	r
b. CITY OR TOWN (If and give negrest town	outside corporate limits, write (RURAL	. LENGTH OF STAY I	N 16	c. CITY OR TO	WN (If outside	corpore	ste limits, write	RURAL on	d give n	earest ta	wn)
Cambridg	e, Marylan	nd	3 days	196	Xo Cra	po, Mo	d.					
d. NAME OF HOSPIT	AL OR INSTITUTION (IF	not in hospite)	d. STREET ADD		111				e. IS RE	A FARM?
Appleby	Ave. (50n'	home)		1 -MAN	7 \$ \$hh/!	K TI PS				YES [NO
3. NAME OF DECEASED	First		Middle		Last	4. DA		Mont	1	Day		ear
(Type or print)	Maggie		E.		Insley	DE	ATH	Aug	ust	10	1	957
5. SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	1882	9.	AGE (In years last birthday)	IFUNDE			ER 24 HRS.
Female	White	WIDOWED [DIVORCED [] A	pril 18	, 1786	7 7	5 yn.	Months	Days	Hours	Min.
Oo. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b. KIN	ID OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE	(State or fore	ign coun	lry)	12. CI1	IZEN O	F WHAT	COUNTRY
NOT	ig life, even if retired)		None		Bisho	ps Hes	ad N	Id.		US A		
13. FATHER'S NAME		1			14. MOTHER'S MAI	IDEN NAME						
John	M. Murph	V		-		aura l	Lewi	S				
	ER IN U. S. ARMED FOR	· .	CIAL SECURITY NO.	17 894	FORMANT	aara .	10111	Address				
(Yes, no, or unknown)	(if yes, give war or dates of ser	rvice)				hnson		Camb	n i d a		MA	
NO			ne	DO	rsey Jo	hnson		Camb	r-1 dg		Md.	
	TH [Enter only one cause TH WAS CAUSED BY:									ONSE	T AND DEA	
PARI I. DEAI	IMMEDIATE CAUSE (o)	Coror	nary Occl	lusi	on						5 m.	in.
420.0	DUE TO											
Conditions, if o										-186		
gove rise to immed (o), stoling the												
couse lost.	(c)											
Z PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONT	TRIBUTING TO DEATH	BUT NO	OT RELATED TO THE	TERMINALDI	SEASE CO	ONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
ATIO										,	PERFO	RMED?
20g. EXTERNAL CAL	JSE WAS 20b.	DESCRIBE H	IOW INJURY OCCUR	RED. (En	ler polure of injury	in Port 1 or Pr	ort 11 of i	(em 18.)			,	140 [2]
PART II, OTH	NTRIBUTING		OTT IT OCCUR.	vers (en	ior notice of injury	11111111111	JII II OI I	16.11 10.)				
3 20c. TIME OF INJUI	RY Month, Day, Year	20d. INJ	URY OCCURRED 20	e. PLAC	E OF INJURY (Hom	e, farm, i 20f.	(City or	fawn)	(Co	unty)		(Stole)
20c. TIME OF INJUI Hour o. m. p. m.	19	While	Not while	factor	y, street, office bld	g., elc.)			45.7			
	nat I took charge	of the rec		abov	e. held an Aı	itansy []	Insc	ection [X],	Inqui	rv K	and	find that
	from: Natural co							termined o	-		, and i	ind mai
dedin resoned	7	Toses [V]	Accident [,	3010	ide [], nam	licide [],	Onde	reimmed (ouse [1.		
ACTUAL	her-	211	- 0								DATE S	IGNED
SIGNATURE	our	100	ree		m.v.	CAL EXAMINE	_					
EXAMINER'S						MEDICAL EXA				0 1-	- /-	1777
NAME (Type)	or, John M		r.			DICAL EXAMIN	IER 💢		4.1	8/1	2/5	7
220. BURIAL, CREMATIO REMQVAL (Specify)	N, 22b. DATE THEREOF	22	c. NAME OF CEMETE			22d. L	OCATIO	City, town,	or county)	1977	(State	
Burial	Aug. 13		Dorchest	er	Mem. Pa	rk C	ambi	ridge		M	ary.	land
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		240	. REC'D BY RE	GISTRAF	24b, REG1	STRAR'S SI	GNATU	RE	

Md DATE

LeCompte Funeral Service Cambridge,

VS. A15ME(5) 5M 9/55

or removd forward TO FUNES

cute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral direct forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill of FUNE! Item PM3. Page 1 and 2 with the registror per PUNE!

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death.

MARYLAND STATE DEPARTMENT OF HEALTH BALTINGRE,

BUREAU V. S.

VAC IN 1957



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08472

U	8477 ME		AL EXAMI		CERTIFICAT		DEATH	Reg.	Dist. No		
a. COUNTY	rchester		MA	RYLAND	2. USUAL RESIDENCE (W	here decear	b. COUNT		ches		ission)
and give necrest town	t outside corporate limits, write i) enna	RURAL	Life	Y IN 1b	c. CITY OR TOWN (IF	outside cor	porole limits, write	RURAL or	nd give n	eorest to	wn)
d. NAME OF HOSPIT	AL OR INSTITUTION (f not in h	ospital, give street odd	ress)	d. STREET ADDRESS					ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin Bess		Middle Elizal	beth	Jackson	4. DATE OF DEATH	Month Augus		Day 22		9 57
s. sex Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARR		November 17.	1892	9. AGE (In years lost birthday) 64 yrs.	Months	R TYEAR Doys	IF UND Hours	ER 24 HRS Min.
during most of working House	ng life, even if retired)	done 10b.	KIND OF BUSINESS O Home	R INDUST	Vienna,			100	J.S.		COUNTRY
13. FATHER'S NAME John M	orris				14. MOTHER'S MAIDEN N Annie Col						
15. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FO (If you, give wer or dates of	RCES?	8. SOCIAL SECURITY NO. 220–10–635		ed D. Jackso	n, Vie	nna, Address	yland	i		
	TH (Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which) (b)		e for (o), (b), and (c).]	cclı	usion				INTER ONSI	TVAL BETWEET AND DE	ATH
gave rise to Imme (o), stating the couse lost.	diote cause underlying DUE TO (c)										
CATIC		DITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA		PERFO	AUTOPSY RMED?
	JSE WAS NTRIBUTING []	b. DESCRI	BE HOW INJURY OCC	URRED. (E	nter noture of injury in Port	I or Port II	of item 18.)				
20c. TIME OF INJUI	RY Month, Day, Yea	Wh			CE OF INJURY (Home, form, ery, street, office bldg., etc.)		or town)	(Co	ounty)		(Stote)
	from: Noturol				ve, held on Autopsy cide, Homicide M.D. CHIEF MEDICAL EX		nspection 🔀,	-	ry 🔲].	, and	find the
EXAMINER'S NAME (Type)	John Mad	e J	r. MD.	7	ASSISTANT MEDICA DEPUTY MEDICAL E	L EXAMINE	1	8	/24.	/57	

VS. A15ME(5) 5M 9/55



220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

25, 1957

J.J. Framptom and Son, Federalsburg, Maryland

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Reid's Grove Cemetery

240. REC'D BY REGISTRAR

22d. LOCATION (City, town, or county)

Reid's Grove, Maryland 24b. REGISTRAR'S SIGNATURE

(Stole)

AND THE RESIDENCE THAT AND THE PROPERTY OF THE

THE RESERVE OF REAL PROPERTY AND THE PARTY A

BUREAU V. S.

1961 La 51.1.

DECENTED

08460

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08469

Reg. Dist. No.

	n. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE Maryland b. COUNTY Dorchester
	b. CITY OR TOWN (It outside corporate limits, write RURAL ond give necessitious) Cambridge	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Cambridge
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 26 Wells St.	d. STREET ADDRESS 26 Wells St. e. IS RESIDENCE ON A FARM? YES \(\text{VES} \(\text{D} \) NOW
	3. NAME OF First Middle DECEASED (Type or print) Mary Frances Jackson	Lost 4. DATE Month Doy Year, OF DEATH August 20 1957
		DATE OF BIRTH April, 18, 1915 9. AGE (In yours lift UNDER 1YEAR IF UNDER 24 HRS. Months Days Mours Min.
1	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1aborer 1aborer Frozen Food	
	Oliver Burroughs	14. MOTHER'S MAIDEN NAME Elenor Bryan
0	(Yes, no, or unknown) (If yes, give war or dates of service)	eorge LeCompte Cambridge, Md.
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Inler nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, ory, street, office bldg., etc.)
,	21. I certify that I took charge of the remains described about death resulted from: Natural causes, Accident, Suident, Suident, Accident, Suident, Suident	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 8/23/57 Waugh Comet	(5.00)
	B. FUNERAL DIRECTOR'S SIGNATURE Herbert St. Clair Cambridge, Md.	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(S) 5M 9/55

la com Letterarios Contestos a citados BUREAU V. particular of the Company Products of Thomas of Thomas Action Company of the The state of the s

16

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

O FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 st., be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO FUNERA

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08478

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY						2. USUAL RESI	DENCE (Wh	ere deceased	lived. If institut		ce befo	re admissi	on)
		hester			MARYLA	ND	o. STATE	rvlan	d	b. COUNTY	Word	est	er	
	b. CITY OR TOWN (II RURAL ond give ne Cambri		s, write		n of STAY IN					ote limits, write f	BURAL ond		rest town)
	d. NAME OF HOSPIT	AL (If nat in haspital, g	ive street		5 4 X 7 CC.		d. STREET ADDRESS e. IS RESID							DENCE
	Rastern !	Shore State	Hos	nital			Ot							FARM?
3.	NAME OF	Fire		prode	Middle		Los	ıt	4. DATE	Mor	n els	Day Year		
	DECEASED (Type or print)		ara		May		Jest		OF DEATH	Aug		14		9 57
5.	Female	6. COLOR OR RACE	7. MARS		VER MARRIED DIVORCED [9-11-79	Н		9. AGE (In years lost birthdoy) 77 yrs.	Months Months	1 YEAR Days	IF UNDE Hours	R 24 HRS. Min.
100	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)												COUNTRY	
13.	FATHER'S NAME						14. MOTHER'S					-		
	William	B. Moore					11 NTC	reco	rd II					
15.		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SE	CURITY NO.	17. IN	FORMANT	7 1000	71 U	Add	lress	-	-	-
(Ye	is, no, or unknown)	(If yes, give war ar dates of se	rvice)	-		Eas	stern Sh	nore S	State H	Hospital	Reco	rds	311	
		mmediate (Ge Ge	rdiad	Failu		riosclei	rosis	w. hea	art dise	ase	Se		l yrs
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	-0-1	Psych			THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PAR	T 1(a) 1	PERFO	NO DO
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW	INJURY OCC	URRED	(Enter noture o	of injury in f	Port I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.		20d. II While of wor	NJURY OCC	vhile	PLAI foct	CE OF INJURY (ory, street, office	Home, form bldg., etc.	, 20f. (City	or town)	((County)		(Stote)
	actual SIGNATURE 5	at I attended the Us Mon Virkut:	125 1-12	17		eath ·	.D	. + 30A .	ADDRESS (Str	the causes of reet, city or town,	and on the	he dat	te state DA	
220		N, 22b. DATE THEREQ		22c. NAA	AE OF CEMETE				22d. LOCAT	ION (City, town,	or county)	, ,	19rote Va	
23.	FUNERAL DIRECTOR	S SIGNATURE	250	Se	- ///	ml	ridge.		D BY REGISTI	1	STRAR'S SIG	SNATUR		

CERTIFICATE OF DEATH

BUREAU V. S.

2961 6 d3S

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08479 CERTIFICATE OF DE

L	00413 CERTIFIC	AIE OF DEATH	Reg. Dist	. No.
1.	PLACE OF DEATH O. COUNTY DECRESTED MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE	l lived. If institution: Revidence b. COUNTY	belore admission)
	CLENGTH OF STAY IN 16 RURAL and give negres town) RURAL STAY IN 16 RURAL STAY IN 16 RURAL STAY IN 16 RURAL STAY IN 16	c. ETTY OR TOWN (If obvide corpor	ote limits trite RURAL ond gi	nearest/town) ×2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS)	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) Mina Belle A	lost 4. DATE OF DEATH	Month /	S Year 1907
4	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	11/10/1801	yrs. Months (Days Hours Min.
L	o. USUAL OCCIPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during provior working lile, even if religibly	Maryl	entry) 12. CUL	OF WHAT COUNTRY?
	Henry Hammer	14. MOTHER'S MAIDEN NAME LESSEN LESS	ibanks) ,
13	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yet give wor or dates of service)	Ars / 2 mill	Address A	w Keckt
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Occlus	ion		INTERVAL BETWEEN ONSET AND DEATH 10 mins.
	Conditions, if ony, which gove rise to immediate DUE TO	s, generalized		5 years
	lying couse last. Observe (a), stoting the under (b) Diabetes mellit	us		15 years
CEPTIEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter noture of injury in Port I or Port		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 20e. P While Not while of work 10	PLACE OF INJURY (Home, farm, 20f. (City actory, street, office bldg., etc.)	or town) (Co	ounty) (Stote)
	21. I certify that I attended the deceased fram. 9-10-	, 1942 , to 8-15-1	57, 19,that I lo	ast saw the deceased
	alive on 8-14-57 , 19 , and that deat	h occurred at 6:00A M, from	the causes and on the	
	ACTUAL SIGNATURE ELDRINGS HWELL	M.D. 15 Locust Street	~	Md. 8-16-57
L	PHYSICIAN'S Eldridge H. Wolff, W.D.			
2	REMOVAL (SECTION) 220 DATE THEREOF 26C NAME OF SENTERRY OF SENTERRY	OR CREMATORY OF LOCAT	Lew Mark	t, sight
23	FUNERAL DIRECTOR'S SIGNATURE	240. REC'D BY REGISTI DATE 8/2//S	RAR 24b. REGISTRAR'S SIGN	NATURE

CERTIFICATE OF DEATH



Waugh Cemetery

Cambridge .Md

ADDRESS

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Dorchester c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Day Year 19 5 IF UNDER I YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? TISA Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) 1957, to August 3, 1957, that I last saw the deceased , and that death occurred at 7 P.M., from the causes and an the date stated above. Pine St-Cambridge, Md. -8-3-57

Cambridge, Md.

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

HTATO TO STADINITIED

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SUREAU V. C.

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-	the carificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	ore the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your fil	NEX. DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior ta burial, cremation
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	7/	9/3:	9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08480 MEDICAL EXAMINED'S CERTIFICATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1 1											
1	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere deceas	ed lived. If Institu		nce bef	ore admi	uion)
-	b. CITY OR TOWN III o	orchester (c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	Id.		Dor		ster	
	and give nearest town)		NVNAL		1			NO KAE GING	Aise III	001031 101	~11)
1	d NAME OF HOSPITA		f not in he	Life papital, give street address)	d. STREET ADDRESS	dge R	FD#2		-	Le 15 PE	SIDENCE
		ze RFD #2		opinio, give sites courses,	Cambrid	ige RF	D #2			ON	NO [
3	NAME OF DECEASED	Fin	ıt	Middle	Last	4. DATE	Mont	h	Day	Y	ear
	(Type or print)	Nellie		Reagan	Lowe	DEATH	Aug.		16.	19	9 57
5	. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	-		
I	Temale	White	WIDOWI	DIVORCED	Tay 10, 1877		80 yrs.	Months [Days	Hours	Min.
ī	0a. USUAL OCCUPATION	N (Give kind of work	ione 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZ	EN O	WHAT	COUNTRY
1	Housewife			None	Chateau Do	rches	ter Co. 1	- by	II	SA	
/[i	3. FATHER'S NAME				14. MOTHER'S MAIDEN N						The same
L	Archiba	ald Reagan			Georg	rianna	Blades				
	5. WAS DECEASED EVE			SOCIAL SECURITY NO. 17. IN	IFORMANT	,	Address				
L	No	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Nonea Mrs	. Medford Wi	llev	Cambrid	ige RF	D #	2 Md	
F	18. CAUSE OF DEATH	H [Enter only one cau	se per line	for (o), (b), and (c).					- 77	VAL BETWE	
ı	PART I. DEATH	WAS CAUSED BY:	Myc	cardial Fail	ure				2	day	
ı	1782	H DUE TO								- 200	-
1	Conditions, if on	y, which) (b)							6		
-	gave rise to immedi (a), stoting the ur				110000						-
	couse lost.	(c).						Pro-			
18	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 1	PEREC	NUTOPSY RMED?
13	904.0	Trochar	teri	c Fracture c	f right fe	mer			1	res 🔲	NO K
100	PART II. OTHE	TRIBUTING DE 20	b. DESCRIE	BE HOW INJURY OCCURRED. (E	nter nature of injury in Part	t f or Part II	of item 18.)	14			
					l at home			SECT	20		
15	20c. TIME OF INJURY		20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form) !		(Covi			(State)
1	Haur o. m.	6/20 19	57 of w	le Not while focto	Home	Camb	ridge,	Dorc	hes	ter	, Md.
	21. I certify the	at I took charge	of the	remains described abo	ve, held an Autops	y 🔲, Ir	spection X,	Inquiry		, and f	ind that
1	death resulted	from: Natural	causes ²	Accident, Suice	ide 🔲, Homicide	, U	ndetermined o	ause .			
	0			0							
1	SIGNATURE	Ma.	220	- Ch	M.D. CHIEF MEDICAL EX	AMINER -			01	DATE S	GNED
					ASSISTANT MEDIC	AL EXAMINE	R 🔲		0/1	11/2	
	NAME (Type)	ohn Mace	Jr.		DEPUTY MEDICAL	EXAMINER 1	1				159.19
2	20. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stote)
- 100	Burial		1957	East New Marke	t Cemetery	East 1	New Marke	et	M	d.	
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24a. REC'	D 8Y REGIST	RAR 24b REGI	STRAR'S SIG	NATUR		The.
I	eCompte Fur	neral Servi	ce	Cambridge Md.	DATES	17157	900	Ca 11	per	7	

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man to the control of the control of

1. PLACE OF DEATH

Dorchester

Near Elwood

Hurlock - Rural

Colored

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

William

WIDOWED |

b. CITY OR TOWN (If outside corporate limits, write RURAL

a. COUNTY

3. NAME OF

S. SEX

DECEASED

Male

(Type or print)

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EX	T	ef.	
TY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exe-	erificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	S	in DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to Burial cremation,
S	ate	he	EC
SED.	ific	0	OR
2	Per		1
-	0		A

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after	ute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and	arwary the Chief Medical Examiner's Office along with farm PM3. Page 5 may be	S TO FUNE TO FUNE TO PURE TO Page 3 should be used as a burial-transit permit. File pages 1 and	
No TO DE	M. A.	15/	NE(5

	Infa	Infant None			Easton, Maryland	U.	S.A.			
13. FA	THER'S NAME			14. M	OTHER'S MAIDEN NAME					
	Pas	tor Martinez			Arleen A. Edwards					
15. W	AS DECEASED EN	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORM	ANT	Address				
				Past	astor Martinez, Hurlock, Md., R.F.D.					
18		ATH [Enter only one cause per of the cause o	line for (a), (b), and (c).]	17 , 0	gestric con	tents	INTERVAL BETWEEN ONSET AND DEATH			
	492 X Conditions, if a overise to imme		-	1 11	nchitis					
(0	(o), stoting the underlying out to Vixel proteum oritis									
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS ALL PERFORM PERFORM YES TO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)									
-										
WEDICA 20	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work 19 at work of work 19 at work 1									
		. I certify that I taak charge of the remains described above, held an Autapsy 🔼 , Inspection 🔲 , Inquiry 🔲 , and find that								
d	death resulted from: Natural causes 2. Accident , Suicide , Homicide , Undetermined cause .									
SI	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 8/29/57									
	XAMINER'S IAME (Type)	John Mace	Jr.		DEPUTY MEDICAL EXAMINER					
22a. 81	URIAL CREMATIC EMOVAL (Specify Burial	Aug .29,1957	Johns Ceme			City, town, or county) reston, Mar	yland (Stote)			
23. FUI	J.Framp	tom and Son, Fe	deralsburg, M	arylan	d 24g. REC'D BY REGISTRAR DATE \$1.30157	24b. REGISTRAR'S SIGI	1			
20	802	23XV3	4548		4-7-7-3		7			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Day

IFUNDER TYEAR IF UNDER 24 HRS. Haurs

12. CITIZEN OF WHAT COUNTRY?

27

o. IS RESIDENCE ON A FARM?

YES NO M

Year

19 57

b. COUNTY Dorchester

2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years last birthday)

Month

yrs.

August

Hurlock - Rural

Maryland

Near Elwood

1957

4. DATE

OF DEATH

d. STREET ADDRESS

Martinez

08481 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 1b

Middle

DIVORCED |

Life

6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH

10a. USUAL OCCUPATION (Give kind of work done of the lower of the lowe

SERVICE ... The state of the s BUREAU V. E. 25EP 3 1957

VS A15 (4) 15M 9/55

	08463	CER	HIFICA	TIE OF L	LAIF			Reg. Di	st. No.		
PLACE OF DEATH	rchester CO.	MA	RYLAND	2. USUAL RESID		ere decease	d lived. Il institution b. COUNTY				
	f outside corporate limits, wri	ite c. LENGTH OF STA	V IN 1h	- CITY OR T	Md.	. * 1		Dorc			
RURAL ond give ne	earest town)	2 Davs	AT IN IB	10			rote limits, write R	URAL and	give neo	rest town)
	AL (If not in hospital, give str			d. STREET A	bridge	FIG.				e. IS RES	IDENICE
	e Md. Hospita			/	ridge	Md.				ONA	FARM?
NAME OF DECEASED	First	Midd	lle	los	t	4. DATE OF	Mon	th	Do	y 1	Yeor
(Type or print)	Wesley		D.	Matthews	S	DEATH	Aug. 2	1,		1	19 57
. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MAR	RIED	8. DATE OF BIRTH	Н		9. AGE (In years	IF UNDER			
Male	111	OWED DIVOR		June 1,			78 yrs.	Months	Days	Hours	Min.
doring most of work	ON (Give kind of work done ling life, even if retired)		OR INDUS					12. CIT	IZEN O		COUNTRY
Retired		Merchant			erset		ld.			USA	
3. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME					
	Matthews				Marg	garet	Dodson				
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY N	10. 17. 18	FORMANT			Addr	ess			
No		None	Eme	erson Ma	tthews	3	Cambridge	e Md.			
PART I. DEA 45/X Conditions, if or gove rise to ir cause (a), stoting lying couse lost. PART II. OTH	nmediate DUE TO IER SIGNIFICANT CONDITION OF THE SIGNIFICANT CON	neurysh Issectin Anteri	Seath BUT	45	THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	ONS	PERFOI YES	DEATH
Hour o. n. p. m. 21. I certify the alive on AGUAL SIGNATURE PHYSICIAN'S	, WI		20	occurred at.	to F	M, from	21, 1955 on the causes a reet, city or town,	Zthat I (
NAME (Type)	N, 22b. DATE THEREOF	22c. NAME OF CE	METERY OF	CREMATORY	vor	22d. LOCAT	ION (City, town, o	county)		(Stote	
REMOVAL (Specify) Burial	Aug. 21, 795	,_					New Marke		Mari		
. FUNERAL DIRECTOR'S		ADDRESS	11011100	o oleme ne		BY REGIST				ylan	0.
LeCompte Fi	uneral Service	e Cambridge	e, Md	e	DATE 8	1 1	In Dark	4	las	0 - 5	de la

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		STATE OF STREET	Miles In Arms and April 201
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IV as The formation	SHEET WALL	Вид 26	Sand Squares County of the Last
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08479 CERTIFICATE OF DEATH 08464 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Dorchester Co. Md. Dorchester Co. b. CITY OR TOWN (If autside carparate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) Cambridge Md. Bishops Head Md. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rambridge Md. Hospital Bishops Head Md. YES NO TO 3. NAME OF 4. DATE First Middle Lost Month Day Year DECEASED (Type or print) Bernard 0. DEATH Murphy 5 Aug. 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Days Hours WIDOWED | DIVORCED | Male White March 10. 1880 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Retired Banking Bishops Head Md. Banker USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME John M. Murphy Laura E. Lewis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Fallie Todd Murphy None Bishops Head. Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last.

S deny (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO D

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

220. BURIAL, CREMATION, 226. DATE THEREOF

0. 11

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

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20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

1957, that I last saw the deceased

21. I certify that I attended the deceased from

ACTUAL

and that death occurred at 534 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

DATE SIGNED

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

N. Baumann M.D.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote)

Buria 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

LeCompte Funeral Service

Cambridge

Dorchester Mem.

15M 9/55

FUNER Oge 3 s

SEP 3 1957

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08480

CERTIFICATE OF DEATH 08482 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY MARYLAND Dorchester Dorchester Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2 vrs. 16das. Cambridge Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Eastern Shore State Hospital 112 Oakley Street YES NO IX NAME OF First Middle Last 4. DATE Day Year DECEASED OF DEATH (Type or print) Amanda Virginia August IR 1957 Parker 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours WIDOWED T 3-12-78 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeremiah Tolley Mary Cashett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address RECORDS - Eastern Shore State Hospital no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH Coronary Occlusion hours 1120.1 DUE TO Chronic Myocarditis Conditions, if any, which vears gove rise to immediate DUE TO couse (o), stating the under-Hypertension lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic Br. Syndrome Associated W. Arterioselerosis - 9 years YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 0. 11. foctory, street, office bldg., etc.) While Not while D. m. of work of work 21. I certify that I attended the deceased from April 21. . 19.57, to August 21 , 19. 57, that I last saw the deceased ____, and that death occurred at 1:00a.M. from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE E.S.S. Hospital, Cambridge, Md. PHYSICIAN'S Dr. Harry J. NAME (Type) Crawford 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1 c/2 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4 15M 9/55

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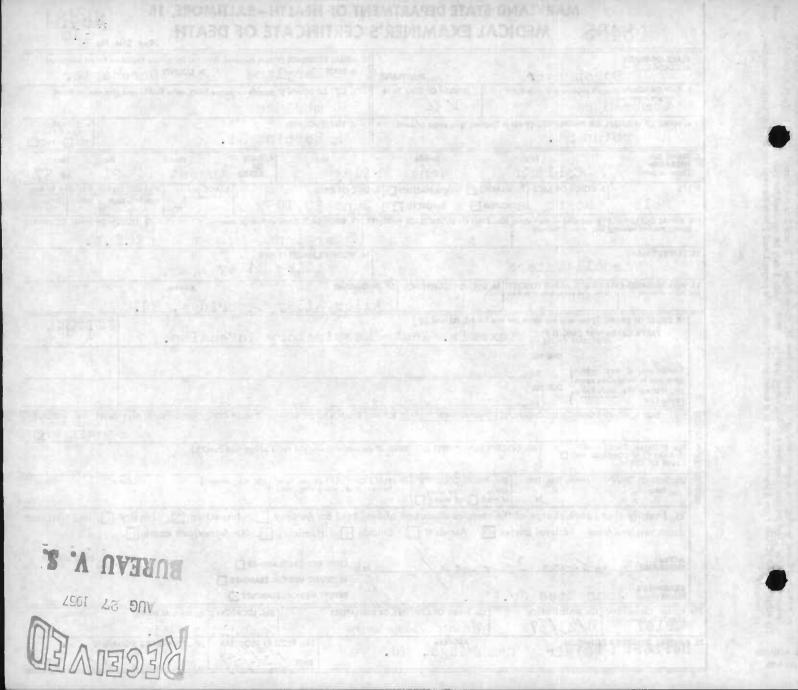
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08465 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08481

Reg. Dist. No.

	PLACE OF DEATH	orchester	,	MARYLAN		Maryl		b. COUNT	ution: Residence Y Dorch		
b	ond give negrest town) Cambri	outside corporale limits, writ	RURAL	c. LENGTH OF STAY IN 11		mbrid		porole limits, write	RURAL and g	ive nearest	town)
0		ins St.	If not in hos	spital, give street address)	d. STREET	ADDRESS Robbi		t.		C	RESIDENCE
-1	NAME OF DECEASED (Type or print)	Fir Carlto		Middle Wane	Rilev	st	4. DATE OF DEATH	Mont		Doy	Year 19 57
5. S	Male	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	_	н 30.19	57	9. AGE (In years lost birthday)	IF UNDER 14	-	NDER 24 HRS.
		N (Give kind of work plife, even if retired)	done 10b. I	CIND OF BUSINESS OR INDU	STRY 11. BIRTHP	rylan	or foreign o		-	N OF WH	AT COUNTRY
13.	FATHER'S NAME War	dell Wate	ers		14. MOTHER'S	Alice		эŢ			
15. {Yes,	WAS DECEASED EVE no, er unknown)	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Alice I	Riley	Cam	Address oridge.			
ATION	Canditions, if on gove rise to immed (a), stating the ucouse lost.	nderlying DUE TO	Tox	emia. Acute							S AUTOPSY FORMED?
MEDICAL CERTIFICATION	ACTUAL SIGNATURE	Y Month, Day, Yec	of the r		ACE OF INJURY ctary, street, affice ave, held are pricide , I	(Home, farm, e bldg., etc.)	20f. (City	nspection		, and	(State) If find that E SIGNED
I	REMOVAL (Specify)	8/23/57	F	Waugh Geme				TION (City, town,		(Si	ate)
23.	Herbert	Signature	Cam	bridge, Md.		240. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIGN.	ATURE	Dr.

VS. A15ME(5) 5M 9/55



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O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	CC	0	O FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar page 1 buriel, crematian,	

08466

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08482

Reg. Dist. No.

NAME OF HOSPITA	outside corporate limits, write Cambridge	RURAL	c. LENGTH OF STAY IN							er	
			entire lif		c. CITY OR TOWN (I		porote limits, write	RURAL and	give nea	rest tov	vn)
	113 Willis		pital, give street address)		d. STREET ADDRESS	illis	St.,			ON.	SIDENCE A FARM?
ME OF CEASED pe or print)	Fin E v a	t	Middle Lyone		Robbins	4. DATE OF DEATH	Aug. 7, 19		Day		ear 9
emale	6. COLOR OR RACE White		D NEVER MARRIED	_	ot.21,1884		9. AGE (In years last birthday) 72 yrs.	IF UNDER			ER 24 HRS. Min.
ing most of working	life, even if retired)	lone 10b. Ki	IND OF BUSINESS OR IN	- 1	11. BIRTHPLACE (Stote			12. CITIZ			COUNTRY
THER'S NAME									L	100	
						sles					
			SOCIAL SECURITY NO.			bins,S	Address r.,Cambri	.dge,	Md.		
onditions, if on ove rise to immed o), stoting the uouse lost. PART II. OTH	iote couse nderlying DUE TO (c)_ ER SIGNIFICANT COND SE WAS 1206							EN IN PART		PERFO	AUTOPSY RMED? NO X
	Y Month, Doy, Yeor	While	Not while	PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	m, 20f. (City	or town)	(Covi	nly)		(State)
1. I certify the	from: Naturol o	of the recouses	emains described Accident [],	Suici	de, Homicide M.D. CHIEF MEDICAL E ASSISTANT MEDIC	E , UI XAMINER CAL EXAMINE	ndetermined o	ause .	6	DATE SI	IGNED
URIAL CREMATION	V, 226. DATE THEREOF	f :	22c. NAME OF CEMETER		REMATORY	22d. LOCA	TION (City, town, o			(State)
	SUAL OCCUPATION IN COMMENT OF WORKING MONTH OF WORKING MO	SUAL OCCUPATION (Give kind of work of ing most of working life, even if relired) MOMERIA RET Thomas Lyc Thomas Lyc AS DECEASED EVER IN U. S. ARMED FOR AS DECEASED EVER IN U. S. ARMED FOR INO B. CAUSE OF DEATH [Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which love rise to immediate couse (b), stating the underlying ouse lost. PART II. OTHER SIGNIFICANT CONE PART II. OTHER SIGNIFICANT CONE CO. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING AUSE OF DEATH. DO. TIME OF INJURY Month, Doy, Yeo Hour o. m. p. m. 19 11. I certify that I took charge leath resulted from: Natural cause CCTUAL LIGNATURE XAMINER'S LOR JOHN LIGNATURE AUG. 10, 1 DEFRAL DIRECTOR'S SIGNATURE	SUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) **Thomas Lyons** Thomas Lyons** **Thomas Lyons** **	ISUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Thomas Lyons AS DECEASED EVER IN U. S. ARMED FORCES? AS DECEASED EVER IN U. S. ARMED FORCES? NO R. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which love rise to immediate cause (o), stating the underlying ouse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OC. EXTERNAL CAUSE WAS RIMARY or CONTRIBUTING AUSE OF DEATH. CC. TIME OF INJURY Month, Doy, Yeor While at work of work eleoth resulted from: Natural causes Accident , Accident , Accident , Aug. 10, 1957 CCTUAL IGNATURE XAMINER'S LYONS AUG. 10, 1957 AUG. 10, 1957 AUG. 10, 1957 Christ C. ADDRESS	SUAL OCCUPATION (Give kind of work done in the prost of working life, even if relired) HOMEMAKER Thomas Lyons T	SUAL OCCUPATION (Give kind of work done in the line of work done in the line of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stort Company of working life, even if relired) 12. MOTHER'S MAIDEN 14. MOTHER'S MAIDEN Evelyn I. AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Phillip L. Rob 18. MOTHER'S MAIDEN Phillip L. Rob 19. MOTHER'S MAIDEN 1	SUAL OCCUPATION (Give kind of work done in the ing most of working life, even if relired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of the ing most of working life, even if relired) 12. Cambridge 14. Mother's Maiden Name 14. Mother's Maiden Name 14. Mother's Maiden Name 15. Social Security No. 17. Informant 18. Phillip L. Robbins 18. Social Security No. 17. Informant 18. Phillip L. Robbins 18. Social Security No. 17. Informant 18. Phillip L. Robbins 18. Social Security No. 18. Cause of Death 18. Evelyn Isles 18. Social Security No. 19. Occ lusion 19. Occ lusio	SUAL CCCUPATION (Give kind of work done and the country) Cambridge	SIZELLE WILL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) [12. CITIZ COMPARISE LYONS	SIZELLE WILL OF WILL WILL WILL WILL WILL WILL WILL WIL	SIDELLE WILLOW DIVOKED BY DIVOKED DIVO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Dorshester Co. Dorchester Co. death. uneral Id be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) Cambridge Md. Cambridge Md. Week d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 60 Cambridge Md. Hospite YES NO S 501 Race St NAME OF First Middle 4. DATE Last Month Day Year filled DECEASED (Type or print) Matilda DEATH Wingate Robinson 19 lug. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours Female White WIDOWED TO DIVORCED T papers. YES campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) pup carbon None vone Bishops Head Md after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James A. B. Wingate physici haurs Anna Mariah Bramble remave 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Miss Tona Robinson None Race St. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO 9 Conditions, if any, which Ē gned gove rise to immediate per DUE TO couse (o), stoting the underbeen si lying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Q. fl. While Not while 19 at work of work 21. I certify that I attended the deceased from, 7, that I last saw the deceased and that death occurred at 3 -A.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) RECT be d ACTUAL ā PHYSICIAN'S ANOV NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7057 Dorchester Mem. Cambridge

ADDRESS

Cambridge Md

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

246 REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

CERTIFICATE OF DEATH 08468 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Dorchester Co Dorchester Co. b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Days Ca mbridge Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Md. Hospital YES NO NO 200 Locust St. 4. DATE Middle Month Day Year DEATH Charles W. Scofield Aug. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 1867 WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Del. Hudson R.R. Sunbury Pa. Port Jervis IISA 14. MOTHER'S MAIDEN NAME Wilson M. Scofield Terwilliger Sarah C. IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) None Mrs. Anna H. Scofield 200 Locust St. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Cardiac I ONSET AND DEATH 5 mins. DUE TO B Postero-lateral myocardial infarct 3 days DUE TO Arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T Incarcerated right inguinal hernia - terminal event 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enler noture of injury in Part I or Part II of item 18.) 20e, PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (Slole) foctory, street, office bldg., etc.) Nat while of work -- of work --21. I certify that I attended the deceased fram 5-23-57, 19, ta 8-12-57, 19, that I last saw the deceased and that death occurred at 11:40AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Cambridge, Maryland PHYSICIAN'S NAME (Type) Eldridge H. Wolff. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Dorchester Mem Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

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LeCompte Funeral Service

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AVIII	/cni 6 d35		

M)	CERTIFICATE OF DEATH Reg. Dist. No.	08484
	1. PLACE OF DEATH o. COUNTY Dorchester 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Maryland b. COUNTY Dorchester	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neagest town) Cambridge c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neagest town) 2yr.lmo.ldas. Cambridge	orest town)
16	d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION Eastern Shore State Hospital R.F.D. 3	e. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) Carrie amelia Spedden 4. DATE Month DECEASED (Type or print) Carrie August	oy Yeor 5 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 88 yrs. Months Days	R IF UNDER 24 HRS. Hours Min.
11	during most of working life, even if refired)	OF WHAT COUNTRY
	Joseph E. Wingate 14. MOTHER'S MAIDEN NAME Laura Martin Fallin	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) Unkn. → (If yes, give wor or dates of service) - RECORDS ** Eastern Shore State Hospital Records State	al
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Failure	ERVAL BETWEEN
	199,9 Conditions, if any, which) DUE TO Conditions, if any, which) Chronic Cardiovascular Disease	
	gave rise to immediate couse (o), stoting the under lying couse last. DUE TO General Arteriosclerosis - Carcinoma	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enler noture of injury in Part I or Part II of item 1B.) CITY OF THE PART II.	19. WAS AUTOPSY PERFORMED? YES NO X
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. p. m. 19 While Not while of work at wor	(State)
	21. I certify that I attended the deceased from August 5 , 1957, to August 5 , 1957, that I last so	
	ADDRESS (Street, city or town, state)	DATE SIGNE
/	SIGNATURE CAMBRIDGE TO COMPAND. E.S.S. Hospital, Cambridge, Md. PHYSICIAN'S Dr. Ettore DeFilippis	8-6-57
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. IOCATION (City. town, or county), SEMOVAL (Specify) 8 7 79 Specific Sewards Lares Md	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE 8/252 ARREST ARREST ARREST ARREST SIGNATURE DATE 8/252 ARREST A	RE
N. co	Cambridge, md	ruce f

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	(0	40 X 1111			O OLIVII				Reg.	Dist. No		
	1. PLACE OF DEATH 0. COUNTY	orchester		MARYLANI	O STATE		Tand	b. COUNT		dence bel		ission)
	b. CITY OR TOWN (II	outside corporate limits, write amsburg	RURAL	c. LENGTH OF STAY IN 18	c. CITY O		iamsbu	orate limits, write	RURAL o	nd give n	eorest to	wn)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in ho	spital, give street address)	d. STREET	ADDRESS					ON	A FARM?
	3. NAME OF -DECEASED (Type or print)	John John		Middle Wesley	To		4. DATE OF DEATH	Month Augus		Doy 30		957
	s. sex Male	White	WIDOWE		Februa	ry 14,	1902	9. AGE (In years lost birthday) 55 yrs.	Months	R 1YEAR Days	IF UND Hours	ER 24 HRS. Min.
	during most of working Lab	ON (Give kind of work g life, even if relired) OTET	done 10b. I	Farm	STRY 11. BIRTHE	cheste	or fareign co	Marylar		S.A		COUNTRY
1		iam Todd			Jen	s MAIDEN N nie Wi						
	15. WAS DECEASED EVE (Yes. no. or unknown) Yes	R IN U. S. ARMED FO (If yes, give wor or dates of WWII			informant irs. John	n Fran	z, Wil	Address liamsbur	g, M	aryl	and	
	PART I. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (a)		for (a), (b), and (c).] Hemorrhage						INTER	T AND DE	Min.
	Conditions, if ar gave rise to Immed (a), stating the u	iate cause		Stab wound	of rig	ht l	ung				10	Min.
2	PART II. OTH	(c)		ONTRIBUTING TO DEATH BUT					EN IN PA			RMED?
- 1		ISE WAS TRIBUTING []	St	tabbed with	knife.							
	20c. TIME OF INJUR		20d. While		ACE OF INJURY clory, street, office Home	(Hame, farm e bldg., etc.)	or lown) lliamsb		Dor		(Slate) Md.
				remains described ab							, and	find that
	ACTUAL SIGNATURE	Jour	27	mous	_M.U.	MEDICAL EX					DATE S	IGNED
	EXAMINER'S NAME (Type)	John Mace			DEPUT		AL EXAMINER	5			9/1	/57
	220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	Sept. 2,		Hill Crest	emetery			ion (City, town, or ralsburg				•)
1	J.J.Frampto	om and Son,	Fede	ralsburg, Mar	yland	24a. REC'I	BY REGISTR	AR 24b. REGIS	TRAR'S S	IGNATUR //LR	E .	R

VS. A15ME(5) 5M 9/55

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MEDICAL EXAMINARYS CERTIFICATE OF DEATH The feet of the little of the BUREAU V. & **2EP** ♣ 1057

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNER ARECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 st. be defacted for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and should be filed with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	

o. COUNTY DO	orchester	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary]	here deceased lived. If instit Land b. COUN	ution: Residence b	
b. CITY OR TOWN	(If outside corporate limits, w nearest town)			outside corporate limits, write	RURAL ond give	nearest town)
Cambrid		2 days	X2 Chu	arch Creek		
	TAL (If not in hospital, give		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	idge Maryland	Hospital	<u> </u>	None		YES NO
. NAME OF DECEASED (Type or print)	Frank	Middle Ryland	Vickers	OF	Sonth 8	Day Year 2 19 57
. sex		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 12/20/1891	9. AGE (In year lost bighday	Months Day	AR IF UNDER 24 HRS
a. USUAL OCCUPATI	ON (Give kind of work done	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN	OF WHAT COUNTE
during most at wo	rking life, even if retired) r Motorman	Public Transit		cer County, Me	d. US	SA
. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Frank	Vickers		Sarah Jor	nes:		
NO DECEASEDEV	ER IN U. S. ARMED FORCES? (It yes, give wor or dates of service		INFORMANT Frank Vickers		mbridge.	Md.
Conditions, if a gave rise to couse (o), stoting	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		coilure elerotic	Heart I	0	
Conditions, if a gove rise to cause (o), stoting lying cause lost. Part II. OT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO DUE TO Commediate I the under- CC CC CC CAUSE (B) DUE TO CC	ardiac F	elerotic TNOT RELATED TO THE TERMI POSIS	NAL DISEASE CONDITION (disease	3 day
Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO OUT TO COMPANY WHICH INTERPRETATION COMPANY WHICH AS UNDERLYING COMPANY WEDICAL EXAMINER)	Ardiac F Arterios ons contributing to death BL	elerotic TNOT RELATED TO THE TERMI POSIS	NAL DISEASE CONDITION (disease	19. WAS AUTOPSY PERFORMED?
Conditions, if gave rise to cause (o), stoting lying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMENT OF INJUME	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO Cony, which immediate I the under. Cc) CC) CHER SIGNIFICANT CONDITION AS UNDERLYING CAUSE OF DEATH AMEDICAL EXAMINER; RY Month, Day, Year 19	ONS CONTRIBUTING TO DEATH BLOOPE SCO. DESCRIBE HOW INJURY OCCURRED Mhile Not while of work of work	T NOT RELATED TO THE TERMINE POSIS ED. (Enter nature of injury in including the control of injury in injury in injury in injury in injury in injury in injury inju	NAL DISEASE CONDITION (Port I or Part II of item 18.) 20f. (City or town)	GIVEN IN PART I(o	19. WAS AUTOPSY PERFORMED? YES NO D
Conditions, if a gave rise to cause (o), stoting lying cause lost. PART II. OT 20a. ACCIDENT W G R CONTRIBUTING (IF EITHER, NOTIF) 40b. TIME OF INJUMENT OF INJ	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO COMPANY WHICH INTERPRETATION COMPANY WHICH AS UNDERLYING CAUSE OF DEATH INTERPRETATION AS UNDERLYING CAUSE OF DEATH INTERPRETATION AS UNDERLYING CAUSE AS UNDERLYIN	ONS CONTRIBUTING TO DEATH BLOOPE DESCRIBE HOW INJURY OCCURRED While Not while of work of work of work at wor	T NOT RELATED TO THE TERMINE POSIS ED. (Enter nature of injury in lacter), street, affice bldg., etc. 1957 to 1	NAL DISEASE CONDITION (Port I or Part II of item 18.) 20f. (City or town)	COUNTY THAT I (ast and on the conty stote)	19. WAS AUTOPSY PERFORMED? YES NO DESTRICT
PART I. DE. Conditions, if a gave rise to cause (o), stoting lying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJUMOUT O. p. m. 21. I certify the cause of the caus	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO TO THE SIGNIFICANT CONDITION AS UNDERLYING TO AS UNDERLYING TO AS UNDERLYING TO THE MEDICAL EXAMINER) RY Month, Day, Year 19 TO THE SIGNIFICANT CONDITION TO THE SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BLOOPE COOL INJURY OCCURRED While Not while of work of wor	T NOT RELATED TO THE TERMINE POSIS ED. (Enter noture of injury in late and injury in late and injury in late and injury in late and injury in	Port I or Part II of item 18.) 20f. (City or town) 949 J., 193 3M, from the causes	(County)	19. WAS AUTOPS: PERFORMED? YES NO D No date stated about the stated about

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08471

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	Dorcheste	r	MARYLAND	2. USUAL RESID o. STATE	ENCE (Who		ved. If institut b. COUNTY		e before c	
b. CITY OR TOWN (If outside corporate limits,		F STAY IN 15				limits, write f			V-10-
Cambri		Life		X2 1	Linkw	boot	(Rura	1)		
	TAL (If not in haspital, give		115-3	d. STREET AC		000	Triale	12		S RESIDENCE ON A FARM?
	dge-Maryla	nd Hospit	al	'					Y	ES NO A
3. NAME OF DECEASED (Type or print)	Fint Lelan		Middle	Woolford		4. DATE OF DEATH	Augu		Day	Yeor 1957
5. SEX	6. COLOR OR RACE 7.		MARRIED	B. DATE OF BIRTH		9.	AGE (In years	IF UNDER	YEAR IF	UNDER 24 HRS.
Male			VORCED [Aug. 2	3. 10	19	lost birthday) 37 yrs.	Months	Days H	ours Min.
Do. USUAL OCCUPATION	ON (Give kind of work don	e 10b. KIND OF BUSH	NESS OR INDU						ZEN OF V	VHAT COUNTRY
Labo	king life, even it retired)		acking			r Cou		Id	US	Δ
13. FATHER'S NAME	101	1 2000 10	CUTIE	14. MOTHER'S			110,9 1	Iu	0.0	n
-	omag Waalf	-24			760	mia II	amleri me	132		
	ames Woolf		ITY NO. 17 I	NFORMANT	IVIS	mre H	opkins			
(Yes, no. or unknown)	(If yes, give war or dates of service	e)			7.0					
No		550-01-		Mary Woo	olfor	d, Li	nkwood	1, Md	•	
	ATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Usemu	and (c).]	deligh	ale	ou			ONSET	AND DEATH
Conditions, if a		oveste	we h	out y.	arku	10		73	67	mos
gave rise to i cause (a), stating lying cause lost.	the under- DUE TO	ancara	detes	, Otras	logi	1 sus	Sono	2 dou	5	
2	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE C	ONDITION GIV	EN IN PART	P	WAS AUTOPSY PERFORMED?
THER, NOTIFY	AS UNDERLYING [] 200 CAUSE OF DEATH MEDICAL EXAMINER]	b. DESCRIBE HOW INJ	IURY OCCURRE	D. (Enter nature of	injury in Po	ort i or Port il	of item 18.)			
Y 20c. TIME OF INJUR Hour a. j1. p. m.		20d. INJURY OCCURR While Not while at work at work	fo	ACE OF INJURY (H ctory, street, office		20f. (City or	town)	(Ca	ounty)	(State)
21. I certify th	at I attended the de	eceased from W	1ag	. 1957	to air	6.19	10	that I le	ast saw	the decease
alive on the	5 (8)	_	that death	occurred at	24	M, from t	he causes o	and on th		stated above
ACTUAL SIGNATURE	mex le. 1	rowles	ou.	M.D. Car	uly	DORESS (Stree	t, city or town,	state)	Tua	DATE SIGNE
PHYSICIAN'S	Tames U. Th	nompson, 1	M.D.			8	<i>)</i> , , , ,		1	/
220. BURIAL, CREMATIC	N, 22b. DATE THEREOF	22c. NAME O	F CEMETERY O	R CREMATORY	12	2d. LOCATIO	N (City, town,	or county)		(State)
Burial (Specify)	8/24/195		em Cem			Salem	. Dor.	Co	5M	
23. FUNERAL DIRECTOR		ADDRESS	an Oelli		24g, REC'D	BY REGISTRAL		STRAR'S SIG	NATURE	
Wirbert,	MALLE	1 hoam	bridge	5.7/E	0	19/10	10.1	7 4		0.
X	The water	Jedi	2 NT T 11 8) lilu	DATE 0/	01/10/	10/0	n //	race	JAU.

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